

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK.

NO SUMMONS ISSUED

CV 12 - 2090

Mikhail Yusim,
Plaintiff,

-against-

COMPLAINT.

SSA Office of Disability Adjudication and Review,
Defendant

TOWNES, J.

BLOOM, M.J.

Parties:

1. Mikhail Yusim, resides at 2950 West 24th Street, apt 10 R, Brooklyn, NY 11224.
2. SSA Office of Disability Adjudication and Review, resides at 111 Livingston Street, 18th Floor, Brooklyn, NY 11201.

The jurisdiction of the Court is invoked pursuant to the US Constitution.

Statement of Claim.

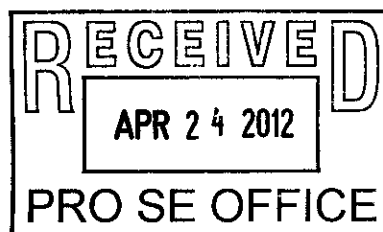
On March, 23rd, 2012 I have requested from Office of Disability Adjudication and Review a copy of my file over the telephone, but I was denied the copy. On April 1st, of 2012, I have sent a verified request asking for a copy of my file to be sent to me for a review, see appendix A, B, C and D. I have gotten no response. On April 16th, 2012 I have placed another telephone request and yet again got no response. No proper explanation and answer was given to me. It seems that the Office of Disability Adjudication and Review does not want me to see my file and materials in there as, in my opinion, and I can prove it, it is covering for a local SSA Office, which has sent it the file with some falsified information; and to cover for it, Office of Disability Adjudication and Review is willing to deny me Constitutional right to review my file at any time that I will.

Remedy.

I am asking the Court to grant me the appropriate amount of money for my rights violation, as I believe that by refusing to grant me access to my file SSA has violated my rights to view my file at any time upon request and to allow me a chance to prove that some of the information in my file is indeed falsified.

April, 24th, 2012

Mikhail Yusim



917-855-7079

Appendix A

March, 30, 2012

To: Social Security Administration,
Office of Disability Adjudication and Review,
18 th Floor, 111 Livingston Street,
Brooklyn, NY 11201.

From: Mikhail Yusim,
2950 West 24 Street apt 10 R,
Brooklyn, NY 11224,
Claim Number 133-825306.

Verified Request.

To whom it may concern, Greetings.

My name is Mikhail Yusim and I would like to take the opportunity to request a copy of my file you have from a local Social Security Office. Please, kindly, send a copy of my file to the address listed above on the top of this letter.


I believe that some of the information that you have received from the local office may be wrong and falsified I would like to review it before you schedule the court date. I would like to have my file in full without anything missing.

Thank you in advance for your help,

Mikhail Yusim

Mikhail Yusim.

Sworn to me by
Mikhail Yusim on 3/30/2012


Notary Public

ABRAHAM PATELSKY
Notary Public, State of New York
No. 01PA6146583
Qualified in Kings County
Commission Expires May 22, 2014

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.45	0313
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	03/31/2012

Sent To **SSA OPAR 18th Fl.**
 Street, Apt. No.,
 or PO Box No. **111 Livingston St**
 City, State, ZIP+4 **Brooklyn NY 11201**
 PS Form 3800, August 2006 See Reverse for Instructions

App encls B

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **Social Security Administration,
 Office of Disability Ad-
 judication and Review
 18th Floor
 111 Livingston Street
 Brooklyn, NY 11201**

2. Article Number
 (Transfer from service label)

7011 3500 0002 2568 4567

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **x Laura** ☐ Agent ☐ Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

App encls C

sent 3/31/12
UNITED STATES POSTAL SERVICE
BRIDGE PLAZA
BROOKLYN, NY 112
05 APR 2012 PM 4 T
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Michael Y. Sim
2950 W 24 Street 10B
Brooklyn, NY 11224

returned 4/7/12

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Appendix D